

Alternatives to Abortion Invoice

Contract #	<u>CS170042004</u>	Vendor Name:	<u>The Haven of Grace</u>
Vendor Number:	<u>43161118100/MB00097920</u>	Vendor Address:	<u>1225 Warren</u>
			<u>St. Louis, MO 63106</u>

Bill To: Office of Administration
Commissioner's Office
201 W. Capitol Ave, Room 125
Jefferson City, MO 65101

Invoice Number: _____
Invoice Date: _____
Service Period: _____

<u>Total Contracted Allocation</u>	<u>Prior Invoiced Total</u>	<u>Monthly Award Amount</u>
\$ 132,545.40	\$ -	\$ 26,509.08
Quarterly expenditure adjustment:		\$ -
Total Due:		\$ 26,509.08
Allocation Remaining		\$ 106,036.32

Signature: _____

